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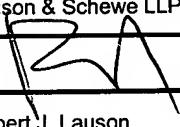
Total Number of Pages in This Submission

Application Number	10/701,267
Filing Date	02/13/2007
First Named Inventor	KAHEN, Soleyman
Art Unit	
Examiner Name	
Attorney Docket Number	08-16791

ENCLOSURES (Check all that apply)

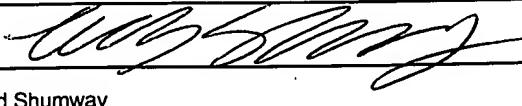
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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<input type="checkbox"/> Remarks Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Lauson & Schewe LLP		
Signature			
Printed name	Robert J. Lauson		
Date	4/8/2008	Reg. No.	41,930

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PTO/SB/62 (01-06)
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/701,267
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First Named Inventor	KAHEN, Soleyman
Art Unit	
Examiner Name	
Attorney Docket Number	08-16791

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

43025

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

43025

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Soleyman Kahan

Date

04/02/08

Telephone

(310)-889-9475

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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